Park View Care Home (Ipswich) Limited

Park View Care Home

Inspection report

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23 May 2023

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Park View Care Home is a residential care home providing personal and nursing care. The service can support up to 61 people in an adapted building over three floors. At the time of the inspection there were 50 older people using the service.

People's experience of using this service and what we found

There were systems in place to assess and manage risks however these did not always work effectively and include regular review where required. Risks in the environment from the refurbishment and building works had not been identified and dealt with.

Records did not always demonstrate that peoples care plan and risk management plans were being followed. We found anomalies in repositioning records, food and fluid charts. Strategies to guide staff on reducing risks were not always clear.

The provider had a quality system in place to review the quality and safety of care, but this was not fully effective and had not identified the shortfalls we found.

People told us that they were supported by a kind and friendly staff team who knew them well. Feedback on the availability of staff was however mixed and we have made a recommendation about staffing levels.

Staff received induction training when they started to work at the service to develop their skills and knowledge and told us that they were well supported.

There were clear processes in place to manage people's medicines. The service was clean and infection control and prevention was well managed. Maintenance checks on equipment were undertaken to ensure that it was safe for staff to use.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was an ethos of helping people to lead a full life. People had choice and opportunities were provided to pursue interests and engage in social activities.

People and their relatives told us they were asked for their feedback about the quality of the service.

The registered manager was clear about their responsibilities to work with other agencies and be open and transparent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 28 January 2022).
You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Park View Care Home on our website at www.cqc.org.uk.

Why we inspected
This inspection was prompted by a review of the information we held about this service. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. You can see what action we have asked the provider to take at the end of this full report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Park View Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by 1 inspector, and a specialist advisor who was a registered nurse. An Expert by Experience made telephone calls to people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Park View Care Home a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
The inspection was undertaken over a number of days and consisted of site visits on the 9 May and 23 May 2023. An Expert by Experience made telephone calls to relatives on 10 May 2023. A feedback meeting was held with the registered manager on 23 May 2023.

We spoke with 7 people who used the service and 13 relatives. We spoke with 11 members of staff including the registered manager, care and nursing staff. We reviewed the care records for 5 people who used the service and reviewed medicine administration records. We observed the care and support provided and the environment was also assessed for safety, cleanliness, and suitability. Governance records were reviewed including 3 staff recruitment files, quality assurance audits, maintenance records and risk assessments.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were systems in place to assess and manage risks. However, these did not always work effectively and nor did they include regular review where required.
- The service was undergoing building and refurbishment works and the risks to people living with dementia had not been fully considered or managed. People, including some at risk of falls were observed moving around corridors while builders and other maintenance staff were lifting carpets, wallpapering, and transporting materials. In response to our feedback the registered manager told us that they would meet with contractors and take action to improve safety.
- Records did not always demonstrate that people's care plan and risk management plans were being followed. We found anomalies in repositioning records, food and fluid charts. For instance, one person already had pressure sores and a high risk of skin breakdown. However, there was no records in place to evidence that other areas were being checked regularly. This put people at risk of harm.
- One person had been declining care and there was a lack of clear strategies in place to guide staff in how to support the person whose health was deteriorating. We raised a safeguarding alert about this person as we were concerned that their health, welfare, and safety had not been fully considered. There was a lack of evidence to demonstrate that staff had been sufficiently proactive in accessing specialist health services.
- Staff told us equipment, such as syringe drivers and percutaneous endoscopic gastrostomy (PEG) feeds were being checked and cleaned regularly. However, there was no recorded evidence of these checks. The registered manager responded by introducing weekly checks.

There were shortfalls in safety assessment and monitoring of risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where accidents or incidents had taken place, reviews were undertaken to reduce similar incidents happening again and to reduce risks to people. Relatives told us how the service had responded to incidents such as falls and told us that medical professionals had been called. We saw that mats designed to help keep people safe were in place where people were at risk of falling from bed.
- Maintenance checks on safety equipment such as fire extinguishers was undertaken to ensure that they were safe to use.

Staffing and recruitment

- We were not assured that staffing levels consistently met people's needs. Feedback on the availability of staff was mixed from both staff and relatives. Staff told us that there were sometimes shortfalls in staff which meant that they were not able to support people in a timely way or spend quality time with them.

● We observed that on the first day of the inspection the numbers of staff reduced in the afternoon, leaving two care staff and a nurse to support 17 people on one floor. Some people required support to mobilise, and staff were also delivering meals and administering medicines. We could not see that there were clear arrangements in place to ensure that staff had adequate breaks and ensuring that a second staff member was available when people needed additional support to mobilise. One person told us, "They didn't always feel there were enough staff as when they pressed their [care call] buzzer staff didn't always come."
●The registered manager completed a dependency tool and allocated specific staff to each floor. We reviewed the allocations sheets and saw that while allocations were made in advance, the management team were not always able to provide care staff to cover short notice sickness.
● In response to concerns we raised on the first day of the inspection about the impact of the building work, the registered manager told us that they had increased staffing levels on the floor which primarily supports people living with dementia to improve safety while the works were ongoing.

We recommend a review is undertaken of staffing levels across the service and takes into account staff breaks, layout of the building and the impact of the ongoing building works.

● People were supported by consistent staff who knew them well and the registered manager told us that they were not using agency staff. The home had its own in-house trainer and staff confirmed that they had access to both online and face to face training. The registered manager told us that they were planning additional training on end-of-life care.
● Records showed staff were recruited safely, this included requesting references and undertaking Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely
● Electronic systems were in place for the recording of medicine administration. Regular audits were undertaken to check that people received their medicines as prescribed.
● Staff competency to administer medicines was checked to ensure that their practice was up to date, and they were following the homes procedures.
● People who had specific health conditions who required their medicines administered at set times received this.
● Plans were in place for people who were prescribed as and when (PRN)medicines to guide staff on their administration.

Systems and processes to safeguard people from the risk of abuse
● There were systems and processes in place to safeguard people. Staff received training on safeguarding and understood their responsibilities to report concerns to the appropriate authorities.
●The registered manager had made appropriate referrals to the local safeguarding team and where concerns were identified taken action to reduce risk of incidents happening again.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
● Care plans recorded people's preferences and staff understood the importance of gaining consent from people.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in Care Homes
● People told us they could see their relatives when they wished, and this was confirmed by their relatives.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We identified risks to people's health and safety at this inspection which had not been identified or addressed through the providers quality systems. For example, despite clinical meetings and daily management meetings taking place, the registered manager was not aware of one person's deteriorating health and a request for professional review was not escalated in a timely way.
- We identified that the building refurbishment was impacting on people's safety but there was not an effective plan in place which addressed the risks of people mobilising through work areas.
- The provider had a range of governance systems and audits to monitor quality, which included care plans audits and medication audits. However, these had not identified the issues we identified with the quality of some documentation including poor recording of people's flood and fluid intake and conflicting information in risk assessments. In addition, there were gaps we identified in areas such as end of life plans and the completion of monitoring records.
- Unannounced night audits were not completed to monitor the staff culture and any safety issues, but in response to our feedback the registered manager told us that these would be introduced as soon as possible.

There were shortfalls in monitoring and governance. Audits and oversight were not always effective in identifying areas for improvement. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff were supported and engaged. They told us that the management team were approachable and regular staff meetings were held to discuss improvements and changes at the service. There were plans for example to provide training on end-of-life care and further develop competency assessments for staff.
- There were systems in place to obtain peoples and relatives' views, through quality assurance surveys and resident and relatives' meetings. Relatives were kept up to date about developments and changes at the service via emails and newsletters. However, we did receive some mixed responses and some relatives told us that the service would benefit from greater visibility from the registered manager and more regular communication.
- Records showed that the staff team worked closely with other health care professionals such as physiotherapists and the dementia support team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● There was a kind and caring culture within the care home and people told us that care was delivered with kindness. The service had a clear ethos aimed at improving the lives of people and helping them lead a full life. We saw that records were individualised, and people and their relatives had been involved in the planning of their care. One relative told us, " The care is tailored to and guided by (my relative), the home has exceeded by expectations."

● We observed the significant efforts made by the catering team to engage with one person to ensure that they had a culturally appropriate diet and help them settle into life at the care home.

● People were observed participating in a wide range of activities and being supported to access outside areas and the local community.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

● The provider and the registered manager understood the requirements of their role, this included formal notifying us of specific incidents, such as safeguarding incidents and accidents. There was a policy on the duty of candour and the registered manager was clear about their responsibilities and outlined the action that they had taken when concerns were identified.

● There were systems in place to drive improvement including reflection on events and reminders to staff about key areas.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There were shortfalls in safety assessment and monitoring of risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were shortfalls in monitoring and governance. Audits and oversight were not always effective in identifying areas for improvement. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.